

ADEM

Incident Information Questionnaire

Assessment of: _____

Assessment Performed by: _____

Date Assessment Performed: _____

ADEM Representatives: _____

The Incident Assessment is designed to give the State of Arizona a clear picture of an event. Please complete all pertinent questions with as much detail as possible, and attach any supporting documentation.

Part 1	General
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1.	Define the problem / emergency at hand.		
2.	Do you have a local emergency response and recovery plan? Yes / No		
a.	Has this plan been invoked? Yes / No		
b.	Please list actions taken to date.		
c.	What is your notification procedure? (Please attach)		
d.	Have you followed this documented notification procedure? Yes / No		
3.	<table style="width: 100%;"><tr><td style="width: 40%;">This incident is....</td><td>New Repetitive Seasonal</td></tr></table>	This incident is....	New Repetitive Seasonal
This incident is....	New Repetitive Seasonal		
4.	Is this event related to potable water issues? If yes, please complete the ADEM Initial Potable Water Assessment and attach. Yes / No		
5.	Are there any photographs available of this event / incident? If yes, please attach copies. Yes / No		
6.	Are there any detailed maps of the affected area? If yes, please attach copies. Yes / No		

Part 2	Background
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7.	Describe any pertinent background / historical information pertaining to this event.
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Part 3	Impacts
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8.	What is the population of the affected area?
a.	What is the number of citizens injured?
b.	What is the number of fatalities?
9.	Are the affected homes primary or secondary residences? Primary / Secondary
10.	List the number of businesses in the affected area.
a.	What is the number of businesses damaged?
b.	What is the number of businesses destroyed?

Part 4	Response
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11.	Have you executed an emergency resolution for this event? Yes / No
a.	If not, Why?
b.	If yes, what date was the resolution executed?
c.	If yes, please attach a copy of the emergency resolution.
d.	Has the County executed an emergency resolution for this event? Yes / No
e.	Have you contacted the County regarding this emergency situation? Yes / No
f.	If not, Why?

12.	Have you activated your Emergency Operations Center?	Yes / No																																				
13.	Are you logging this incident on E-Team?	Yes / No																																				
14.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">What has been the local action / response to the situation to date?</td> <td style="width: 30%; text-align: center;">Used (Please indicate and describe.)</td> <td style="width: 30%; text-align: center;">Exhausted ?</td> </tr> <tr> <td style="text-align: right;">Financial</td> <td></td> <td style="text-align: center;">Yes / No</td> </tr> <tr> <td style="text-align: right;">Labor</td> <td></td> <td style="text-align: center;">Yes / No</td> </tr> <tr> <td style="text-align: right;">Equipment</td> <td></td> <td style="text-align: center;">Yes / No</td> </tr> <tr> <td style="text-align: right;">Material</td> <td></td> <td style="text-align: center;">Yes / No</td> </tr> <tr> <td style="text-align: right;">Contract</td> <td></td> <td style="text-align: center;">Yes / No</td> </tr> </table>	What has been the local action / response to the situation to date?	Used (Please indicate and describe.)	Exhausted ?	Financial		Yes / No	Labor		Yes / No	Equipment		Yes / No	Material		Yes / No	Contract		Yes / No																			
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15.	Are there other local resources available?	Yes / No																																				
a.	If yes, please describe.																																					
16.	Have you requested any Mutual Aid?	Yes / No																																				
a.	Whom have you contacted?																																					
b.	What was your request?																																					
c.	What is the availability of the requested resource?																																					
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Part 5	Ownership / Responsibility
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|-----|---|
| 18. | Who is the party responsible for the facility / area impacted by this event? |
| 19. | Who owns the facility? |
| 20. | Is the owner of the facility considered to be a political subdivision? Yes / No |
| a. | If no, please define. |
| 21. | Who is responsible for the operation of the facility? |
| 22. | Who maintains the facility? |
| 23. | Is the facility insured? Yes / No |
| 24. | Do you have any contingency / emergency funds available? (Obtain a copy of the applicant's budget for review.) Yes / No |
| 25. | Have you explored any other funding sources? Yes / No |
| a. | If yes, who have you contacted? |
| 26. | Is there any other federal agency / authority responsible for the response and recovery from the situation at hand? Yes / No |
| a. | If yes, Who? |

Part 6	Environmental Concerns
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| 27. | Does the damaged facility or item of work have insurance and/or is it an insurable risk? (i.e. buildings, equipment, vehicles, etc.) Yes / No / Unsure |
| a. | If yes or unsure, please provide comments. |

28.	Is the damaged facility located within a floodplain or does it have an impact on a floodplain?	Yes / No / Unsure
a.	If yes or unsure, please provide comments.	
29.	Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more/similar buildings?	Yes / No / Unsure
a.	If yes or unsure, please provide comments.	
30.	Are there any pristine or undisturbed areas on, or near, the damage site?	Yes / No / Unsure
a.	If yes or unsure, please provide comments.	
31.	Are there any hazardous materials at or adjacent to the damaged site?	Yes / No / Unsure
a.	If yes or unsure, please provide comments.	
32.	Are there any other environmentally or controversial issues associated with the damaged area?	Yes / No / Unsure
a.	If yes or unsure, please provide comments.	
33.	Are there other Environmental Issues concerning:	
	Domestic Animals If yes, please explain	Yes / No
	Wildlife If yes, please explain	Yes / No
	Agricultural If yes, please explain	Yes / No

Natural Landscape If yes, please explain	Yes / No
Improved Property If yes, please explain	Yes / No
State Land If yes, please explain	Yes / No
Federal Land If yes, please explain	Yes / No
Private Land If yes, please explain	Yes / No

Part 7
Needs / Requests

34. Specific Needs or Requests – please provide a description and include the estimated cost.

Immediate (0-10 days)
Short Term (10-90 days)
Long Term (90+ days)

35. Other Pertinent Information

Other Pertinent Information
